# *Willie M.* Services
# Assessment and Outcomes Instrument

# Interviewer's Manual
# for Case Managers and Clinicians

***Willie M.*** **Services**
**Program Evaluation Branch**
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# Introduction

There are several related purposes for the initiation of a comprehensive assessment process for *Willie M.* First, it enables local programs to evaluate in a quantitative way the progress and outcomes of individual *Willie M.* children and the effectiveness of their local programs. It also enables the State to evaluate the effectiveness of the statewide *Willie M.* program. For individual case workers, the survey instruments provide a structured way to develop information that is important in forming treatment plans.

Four survey instruments have been developed as part of the Assessment and Outcomes Instrument (AOI):

- Developmental Risk Assessment
- Brief Psychiatric Rating Scale
- Child Interview
- Functional Domain Assessment

The first instrument, the Developmental Risk Assessment (DRA), develops the social history of the child at three stages: Infant & Preschool, School Age, and Teenage. How much of this instrument should be completed is based on the age of the child, and whether this is the first evaluation.

The Brief Psychiatric Rating Scale (BPRS) must be completed by a clinician, preferably one already familiar with the child. This instrument is <u>not</u> designed to generate diagnoses, but rather to identify areas of symptoms in a child which may warrant further clinical inquiry or treatment.

The Child Interview (CI) should be completed by the staff person with whom the child is the most comfortable. This instrument is designed to obtain the child's perspective on his or her life, problems, relationships, functioning, and treatment.

The last instrument, the Functional Domain Assessment (FDA), organizes a great deal of information about the child's present functioning in the six desired outcome areas for *Willie M.* children: Educational, Health, Housing/Residential, Social, Vocational, Behavioral and Legal. Sections of the FDA include interviews with the child's family and his/her teacher. The interview with the child's family should be completed by the staff person with whom the family is the most comfortable.

**Using Assessment to Guide the T/HP**

Each of the instruments is designed to discover and structure valuable information that is necessary for the development of an effective Treatment/Habilitation Plan (T/HP). Therefore, <u>all of the instruments should be completed prior to the T/HP meeting</u> at which the T/HP is developed. This should occur about six weeks before the T/HP. The State office will return feedback information within three weeks of receipt of the complete AOI in the State office. (AOIs may be sent to the State office electronically via the *Willie M.* Information System (WMIS). For more information about this, contact the State *Willie M.* Section, Program Evaluation Branch.)

The case manager is responsible for assuring that the instruments are completed prior to the T/HP, but other treatment team members may assist in completing the instruments. In any case, all of this information should be available to all of the treatment team members at the T/HP. If the AOI is received in the State office in a timely manner, the feedback information will be available at the T/HP meeting and can provide a good guide in the completion of the T/HP.

The AOI should be completed as soon as possible after a child has been certified, and annually thereafter. These annual AOIs should be completed six weeks prior to the T/HP.

Children who are referred to Secure Treatment Facilities should have an AOI completed within the six months prior to their being placed on the Secure List. If the child has not had an AOI completed within the previous six months, then an AOI should be completed as soon as possible after the child is placed on the Secure List.

After you have completed all four instruments that comprise the AOI, return them together in one package to this address:

Program Evaluation/**AOI**
Willie M. Services
325 North Salisbury Street
Raleigh, NC 27603-5906

You may want to keep a copy of the AOI for your information.

# General Instructions

**Rules of Thumb**
There are several guidelines that should be kept in mind when completing any of the instruments that are part of the Assessment and Outcomes Instrument (AOI).

Timing of Instrument Completion. All of the instruments should be completed prior to the T/HP and within one month of one another, so that all relevant information is based on the same time period and can be considered when developing the child's treatment plan.

Time Period under Consideration. Unless specifically stated otherwise, all questions refer to the last 3 months. For the Developmental Risk Assessment, which is organized into three parts based on three stages of the child's life (Infant & Preschool, School Age, and Teenage), questions refer to each stage of the child's life.

Completing Cover Sheet. Completing all the questions on each cover page is very important.
- Be sure to include the child's ID number, but do not report his/her name.
- Print legibility your name as interviewer and the name of the area program. Do not use an area program name such as "Youth Services" unless it also includes the name of the area program, such as Smoky Mountain.
- For the Developmental Risk Assessment and the Functional Domain Assessment, it is important to list the titles or relationship to the child of all members of the treatment team, including family or other non-professionals, who were consulted. You may also include names of the treatment team for your own purposes, but what is required for purposes of data collection are titles or relationship to the child.
- Be sure to record the date and the units of time required to complete each questionnaire. If there is a leading "0" be sure to record it. For example, January 15, 1997 should be recorded as 01/15/97.

Understanding Typeface. All questions are printed in **regular type and bold**, while instructions are printed in ALL CAPITALS. When interviewing the family or child, read the questions and each response (except "Don't know" or "NOT APPLICABLE"), unless specifically instructed to do otherwise. Do not read the instructions to the family member or child.

One and Only One Response. Each question should have only one response, unless the instructions for that question specifically state, "Mark as many responses as needed."

Skipping Questions. In general, do NOT skip any questions. Each question requires an answer. There are a couple of exceptions to this, however.
- Some questions may not be applicable because of the child's age, living arrangements, etc. These questions should NOT be skipped, but should be marked "NOT APPLICABLE." If these questions were simply skipped, the person coding responses would have no way of knowing whether the case manager meant to skip them or forgot to answer. It is very important to make sure these questions have answers marked, but equally important to follow the directions carefully and mark "NOT APPLICABLE" when needed.
- A few questions have multiple parts, and only if the first part has a positive answer should the rest of the question be answered. Directions with each question about how to respond in various circumstances should be followed carefully.
- There are also some entire sections that are to be skipped, or that are completed only for the first evaluation and not completed again. These are clearly marked with decision trees.

Recording Responses. Circle the number of the response you wish to mark, not the response itself. If you change a response, clearly mark through the wrong answer, and circle the correct one.

**Developmental Risk Assessment**
The Developmental Risk Assessment (DRA) is a checklist of major, well known developmental risk and protective factors which have been shown to strongly steer the life outcome of high-risk children. There are early developmental factors, as well as family factors at different stages of the child's life, which are important to document. Combining the information on the DRA with other risk and protective factors in other parts of the AOI can result in an overall assessment of the child's present risk of negative outcomes. The case manager is responsible for completing the DRA, but will likely need to consult medical records and other charts, as well as other treatment team members, including the family.

**Brief Psychiatric Rating Scale**
The Brief Psychiatric Rating Scale (BPRS) is a survey of a wide variety of psychiatric symptoms which occur in children. It is not designed to generate diagnoses, but instead to identify areas of symptoms in a child which may warrant further clinical inquiry or treatment. It should be administered by a trained clinician, with some expertise in doing mental status examinations, as well as in synthesizing input from care providers and others familiar with the child.

**Child Interview**
The Child Interview (CI) is designed to obtain the child's perspective on his/her life, problems, relationships, functioning and treatment. Therefore, the child's responses should never be modified by the interviewer, even if something reported by the child is known to be untrue. The interview contains questions related to the child's strengths, social supports, family relationships and hopes for the future. These are all known to be vital in the potential success of a child. The professional (case manager, clinician, etc.) who has the most favorable rapport with the child should administer this instrument.

**Functional Domain Assessment**
The Functional Domain Assessment (FDA) is designed to gain a view of the child's present status in a number of areas of psychosocial functioning. Many of the questions will have answers that are well known to the case manager and can therefore be quickly completed on initial scanning of the FDA. Other areas and questions will require direct communication with family caretakers, residential staff familiar with the child, or school personnel. The Family Interview and Educational Status sections of the FDA require direct questioning of the appropriate individuals in the structured interview format that is part of the instrument. The case manager is responsible for completing the FDA, but should consult other treatment team members, including the family.

**Recording responses**
Mark only ONE response for each question, unless a question specifically states that you may mark more than one response. It is suggested that a red pen be used, if possible, since this is more readily visible to the coders.

Circle the number of the response you wish to mark, not the response itself. Example:

**3. How long has the child lived in his/her current residence?**

Less than 2 weeks..... 1
At least 2 weeks, but less than 3 months..... 2
At least 3 months, but less than 1 year..... 3
1 year or more..... 4
Don't know..... 8

In those cases in which you must write your response, make sure it is legible to someone coding your responses who may not be familiar with the *Willie M.* program. Do not use abbreviations unless they are commonly used in everyday English.

## Preparation for Interviewing the Family and Child

Interviews with a family member and the child/adolescent will be improved by reading the survey instruments aloud in private several times. You should also review and be familiar with instructions specific to each survey instrument. This preparation increases your familiarity with the instruments and allows you to complete interviews as quickly as possible, while still maintaining an unhurried and professional manner.

**Introducing the Surveys to the Family and Child**

In most cases, the family member or child/adolescent will know you, so you will not need to introduce yourself. However, he may have questions or concerns about why he is being asked these questions and whether others will have access to the responses. A statement addressing issues of confidentiality is provided at the beginning of both the Family Interview and the Child Interview, and should be read to the family member or child at the start of the interview. If there are further concerns, provide enough information to satisfy these concerns, and then go ahead with the interview. You should explain that this information will be combined with that of other clients to understand how good a job we are doing in helping *Willie M.* children; no information about individual children will ever be released. The information provided may, however, be shared with other professionals who are part of the treatment team. If necessary, you can provide more information during the interview.

Another concern may be the time required for the survey. Experience thus far suggests that the family survey can be completed in about 15-20 minutes, and the child survey can be completed in about 30 minutes.

A few children may be unable to participate in the survey because of extreme developmental disabilities. More commonly in this situation, a child may be unable to respond to more complicated questions. If either is the case, simply mark this on the survey at the point where it became impossible for them to proceed further. It is left to the professional judgment and skills of the case manager (or other staff person conducting the interview with the child) to present questions in a way that is understandable to the child.

Some children may be uncooperative on the day scheduled for the interview. If this is the case, and it is impossible to get cooperation, the survey may be put aside until the next meeting.

**The Interview**

Pace**.** You determine the pace and overall balance of the interview. Maintain a calm, unhurried manner, and ask the questions in an objective and deliberate way. We recommend that you not allow the interview to become sidetracked into more in-depth discussions. However, many case managers find that the family and child interviews can bring up important issues. You are the best judge as to whether it is appropriate to make a note of the issue to bring it up again later, or to delve into the issue at the time of the survey. If you do choose to discuss it during the survey, please be cognizant of the need to maintain a flow in order for all the questions to be answered and for you not to bias the family member's or child's responses. Tactfully steer the conversation back to the questions if the family member or child/adolescent goes too far off on a tangent. Usually, asking the next question will be sufficient to continue the interview. Once again, if there is an issue that you feel important to discuss, but is not relevant to the survey, we recommend that you make a note of it and suggest to the family member or child/adolescent that you will come back to it at the end.

The interviewer must be sensitive to the needs of the family member or child/adolescent in establishing the pace of the conversation. A deliberate, careful person may become irritated or confused if the questions are asked too rapidly. On the other hand, a quick, decisive person will be bored if you go too slowly. If you are unfamiliar with the family member or child, begin the interview at a moderate pace, and then alter the tempo based on signals from the family member or child/adolescent.

Avoiding Interviewer Bias. Remember that an interview should be a conversation rather than a crossfire of separate questions and answers. Show your interest in the responses, but do not show any judgment of the answers. Ask the questions just as they appear on the questionnaire and ask them the same way in all interviews. You do not want the interviewee to say what he thinks you want to hear or something that he thinks will startle you. However, be careful that efforts to appear objective or neutral do not come across to the family member or child/adolescent as indifference.

Asking the Questions. Generally, questions and statements printed in **regular type and bold** are to be read to the respondent exactly as written. Responses should also be read, unless directions for a particular question specify otherwise. This is desirable so the questions, statements and responses will be the same for all persons interviewed, regardless of which professional or paraprofessional administers the survey. This serves to ensure that each family member or child/adolescent is responding to the same questions, thus minimizing bias introduced by the interviewer.

When responses are read, do not read "Don't know," "NOT APPLICABLE" or "[No response]". These responses are provided for the interviewer's use when the family member or child/adolescent does not choose a response for that question, or when the question is not relevant to the child's situation.

All statements printed in CAPITAL LETTERS are directions for the interviewer and are not to be read to the family member or child/adolescent.

Ask the questions in the order they are written. The sequence in the survey instruments provides some continuity from question to question in order to achieve a conversational flow, minimize undesirable effects of one question upon another, and facilitate the interviewer's task. The use of transitional statements ("Well, that's the end of that section. Now we'd like some information about....") will facilitate the flow of the interview through each part of the questionnaire. The questionnaires are designed to flow easily from one topic to another, but if you discover areas where the flow of the interview could be improved, please provide feedback to the State *Willie M.* office.

Sometimes the family member or child/adolescent will answer other questions in the process of replying to a question. Although the questions must be asked in the order given, the interviewee may become annoyed when asked a question he feels has already been answered. It is best to acknowledge the situation with a statement such as "I know you mentioned this earlier, but I need to ask you again...."

Certain questions may touch on sensitive areas for the family member or child/adolescent, and there is a risk of losing rapport at such points. Your manner will help the respondent answer the question without a serious break in rapport; usually a matter-of-fact approach will be effective. However, it may be necessary to reassure the respondent regarding confidentiality.

"Don't Know" Responses. It is important to give the respondent time to respond fully. The reply of "I don't know" by the respondent is sometimes a means of gaining time to think. Do not be too quick to code a "don't know" response and move on. Allow the respondent a moment to expand on the reply, or use a neutral probe (example: "Do you want to say anything else?") to be sure the respondent has finished with his answer. If you are familiar with the family member or child/adolescent, you may be able to read whether an initial "don't know" is a time filler or the respondent's intended answer. A "don't know" response is perfectly acceptable if that is how the respondent chooses to reply. The interviewer should not lead or pressure the respondent into an answer just to avoid a "don't know" response.

Probes. Getting good information is an art. In a structured interview, it requires being able to recognize immediately that a respondent's answer has failed to meet the objective of the question, and then being able to formulate a neutral probe to obtain the needed information. Probes by nature tend to press or challenge a respondent, and therefore have the potential to affect an interview unfavorably. It is important that good rapport exist before probes are used, and that probes be used with tact.

In general, these questions are designed so that probes are not necessary. Avoid at all times specific probes that may lead the respondent. That is, if a respondent has not answered or has replied with an answer that is not on the questionnaire, do not ask, "Well, what about (possible answer on survey)?" A neutral probe is acceptable if necessary.

**Recording responses**

Mark only ONE response for each question, unless a question specifically states that you may mark more than one response. In the Family or Child Interviews, if the family member or child/adolescent volunteers two answers for a question that must have a single response, probe to ascertain which survey response is closer to the intended response.

# Developmental Risk Assessment

The Developmental Risk Assessment (DRA) is a checklist of major, well known developmental risk and protective factors which have been shown to strongly steer the life outcome of high-risk children.

**Information Sources**
Much of the information in the DRA is probably available through past medical, mental health, or DSS records. Some may be found in the life chart or social history of the child. Items not specifically mentioned in medical records or other charts should be explored with the family, and other sources, such as teacher(s), residential caretakers, and clinicians. Before contacting the family for interview, the case manager should complete as much of this instrument as possible. Missing information on the DRA can be asked of family members at the same time the Family Interview section of the Functional Domain Assessment (FDA) is completed. This will allow a single contact with the family to suffice in collecting this necessary information.

**Cover Sheet**
When completing the cover sheet, it is important to list the titles or relationship to the child of all members of the treatment team, including family or other non-professionals, who were consulted. You may also include names of the treatment team for your own purposes, but what is required for purposes of data collection are titles or relationship to the child.

**Determining Whether to Complete a Section**
The three sections of this instrument are completed based on the current age of the child and whether this is the child's first evaluation. Each section displays a decision tree at the beginning of the section to determine whether it needs to be completed for the current evaluation. The table below shows this same information: which section is completed by age of child and whether this is the first evaluation. The only reason to complete a section that is not marked below is if the case manager has gained new information about an earlier period of the child's life.

| | **Child under school age** | | **Child at least school age, but younger than 13** | | **Child age 13 or older** | |
|---|---|---|---|---|---|---|
| | First evaluation | NOT first evaluation | First evaluation | NOT first evaluation | First evaluation | NOT first evaluation |
| **Section I.** Early Childhood and Family Environment | ☑ | ☑ | ☑ | | ☑ | |
| **Section II.** School Age Family Environment | | | ☑ | ☑ | ☑ | |
| **Section III.** Teenage Family Environment | | | | | ☑ | ☑ |

For each section, be sure to mark the question at the beginning that states whether this is the initial completion or an update of the section. The initial completion is the first evaluation of the child using this section of the instrument. Any subsequent evaluations using this section of the instrument are updates. If you are unsure whether this is an Initial Completion or an Update, contact the State *Willie M.* Section, Program Evaluation Branch. Also note the date that you filled out this section of the instrument.

**Marking Responses**
All of the questions on the DRA are presented in the form of tables. To mark the response, circle the number in the appropriate box. It is suggested that a red pen be used, if possible, since this is more readily visible to the coders. Example:

| EARLY DEVELOPMENT | | Yes | No | Don't know |
|---|---|---|---|---|
| **1.01.** | **Significant drug or alcohol use by the child's mother during pregnancy?** | 1 | (2) | 8 |
| **1.02.** | **Any complications of pregnancy or delivery, or was the baby premature?** | (1) | 2 | 8 |
| **1.03.** | **Poor or negative attachment to the mother <u>in infancy</u>? (problems in bonding between mother and infant)** | 1 | 2 | (8) |
| **1.04.** | **Positive attachment to the mother <u>in infancy</u>? (characterized by a warm and easy bond between mother and infant)** | 1 | (2) | 8 |

**Events: Ever Occurred or Ongoing?**
Respond "YES" if an event <u>ever</u> occurred during the relevant period of the child's life, unless otherwise instructed. Some risk factors are based on whether an event <u>ever</u> occurred in a specific period of the child's life. For example, the response to the question, "Was the child a victim of physical (not sexual) abuse?" is "YES" if abuse ever occurred, even if it happened only once. Other questions, however, address events of an <u>ongoing</u> nature, and should be answered "YES" only if they occurred regularly, usually, most of the time during the period. Questions that should be answered based on regular or ongoing circumstances are clearly marked in the instructions for that particular question. For example, "Family classified as 'low socioeconomic status' or eligible for Medicaid or SSI?" should be answered "YES" if this was the <u>usual</u> situation, but "NO" even if the family once received SSI for a short period. Use your best judgment as to whether an ongoing event <u>occurred most of the time</u>.

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**Guide to Specific Questions**

**1, 2, 3, 4** <u>Infancy</u> is generally defined as 12 months or younger.

**1.03, 1.04** Although a poor or negative attachment and a positive attachment are clearly opposites, remember that a child can have <u>neither</u> a poor attachment <u>nor</u> a positive one (i.e., an "average" attachment). However, a child <u>cannot</u> have <u>both</u> a poor attachment <u>and</u> a positive one.

**1.09, 1.10** Although being shy and being independent, curious, outgoing and confident are opposites, remember that a child can be somewhere "in the middle" and therefore "NO" may be an appropriate response to both. However, a child <u>cannot</u> be <u>both</u> shy <u>and</u> outgoing.

**1.11** Developmental delays should be either diagnosed or clearly evident.

**2.01** <u>Low socioeconomic status</u> means the family is poor and/or has low social status (parents with low education levels, and unemployed or working in low status jobs, etc.). It can be loosely defined as living below the poverty line, qualifying for public assistance.

**2.05, 2.06** Although a mostly negative parent/child relationship and a mostly positive relationship are clearly opposites, remember that a child can have neither a mostly negative relationship nor a mostly positive one (i.e., an "average" relationship). However, a child cannot have both a mostly negative relationship and a mostly positive one.
In those situations where the child has a positive relationship with one parent, but a negative relationship with the other, remember your response should take into account whether the situation occurs usually or most of the time. Does the child have a mostly positive or mostly negative relationship with the parents, taken together as a couple? Consider which parent has more contact with the child, if one has more intense or regular contacts, etc.

**3** In order to respond "YES" to most of these items, it is not necessary to have "proof" or for someone to have been found guilty of these actions in a court of law. If you reasonably believe that the child witnessed violence or was abused, respond "YES." However, in **3.02**, neglect must have been substantiated.

**5.01** Low socioeconomic status means the family is poor and/or has low social status (parents with low education levels, and unemployed or working in low status jobs, etc.). It can be loosely defined as living below the poverty line, qualifying for public assistance.

**5.05, 5.06** Although a mostly negative parent/child relationship and a mostly positive relationship are clearly opposites, remember that a child can have neither a mostly negative relationship nor a mostly positive one (i.e., an "average" relationship). However, a child cannot have both a mostly negative relationship and a mostly positive one.
In those situations where the child has a positive relationship with one parent, but a negative relationship with the other, remember your response should take into account whether the situation occurs usually or most of the time. Does the child have a mostly positive or mostly negative relationship with the parents, taken together as a couple? Consider which parent has more contact with the child, if one has more intense or regular contacts, etc.

**6** In order to respond "YES" to most of these items, it is not necessary to have "proof" or for someone to have been found guilty of these actions in a court of law. If you reasonably believe that the child witnessed violence or was abused, respond "YES." However, in **6.02**, neglect must have been substantiated.

**8.01** Developmental delays should be either diagnosed or clearly evident.

**9.01** Low socioeconomic status means the family is poor and/or has low social status (parents with low education levels, and unemployed or working in low status jobs, etc.). It can be loosely defined as living below the poverty line, qualifying for public assistance.

**9.04, 9.05** Although a mostly negative parent/child relationship and a mostly positive relationship are clearly opposites, remember that a child can have neither a mostly negative relationship nor a mostly positive one (i.e., an "average" relationship). However, a child cannot have both a mostly negative relationship and a mostly positive one.
In those situations where the child has a positive relationship with one parent, but a negative relationship with the other, remember your response should take into account whether the situation occurs usually or most of the time. Does the child have a mostly positive or mostly negative relationship with the parents, taken together as a couple? Consider which parent has more contact with the child, if one has more intense or regular contacts, etc.

**10** In order to respond "YES" to these items, it is not necessary to have "proof" or for someone to have been found guilty of these actions in a court of law. If you reasonably believe that the child witnessed violence or was abused, respond "YES."

**12.01** Developmental delays should be either diagnosed or clearly evident.

## Brief Psychiatric Rating Scale

The Brief Psychiatric Rating Scale (BPRS) is a modified version of the Overall and Pfefferbaum (1982) instrument, and is not designed to generate diagnoses, but rather to identify general psychiatric symptom areas. Some symptom areas are predominately internalizing symptoms (depression, thinking disturbance, anxiety) that require the input of the child to fully assess. Other areas are predominately externalizing symptoms (behavior problems, motor agitation, withdrawal, organicity, socialization) that require the input of caretakers, parents, or other familiar with the child. Some symptom areas have both internalized and externalized features, or rely on direct clinical observation of the child. In each symptom area, it is left to the clinical judgment of the examiner to assign the most valid rating of severity, from 1 (not present) to 7 (extremely severe). A definition of each symptom is provided for reference in the instrument itself.

This instrument should be administered by a clinician, preferably one familiar with the child. For clinicians familiar with a child, the instrument can be completed in about 15 minutes.

Under no circumstances should the BPRS be left blank. In those rare instances in which no clinician is familiar with the child, another clinician who is unfamiliar with the child may complete the form. If no clinician is available, then the person who makes the decision that the child does not need the services of a clinician should complete the form.

## Child Interview

The Child Interview (CI) contains questions related to the child's strengths, social supports, family relationships and hopes for the future. These are all known to be vital in the potential success of a child. The interview also contains questions which may be uncomfortable or painful to discuss, such as painful family experiences, and negative behaviors. Therefore, the person with the best relationship or rapport with the child should administer this instrument. Special care must be taken by the interviewer to assure the child that this information is important to know and can be used to help him/her with his/her problems. The interview is structured so that most of the more difficult questions are towards the end of the interview.

Questions should be read as written, but for young children or developmentally disabled children, the interviewer may substitute phrases that are more easily understood by the child. However, the interviewer should be careful that the simplified phrases have the same meaning as the original questions.

Be certain to read the confidentiality statement at the top of page 2.

Read the questions and responses to the child, and record his/her responses. It is important not to lead the child to respond in a way that we, as professionals, may perceive as more "true" or "realistic" but rather to allow the child to state his/her perspective. The child's responses should never be modified by the interviewer, even if something reported by the child is known to be untrue. Under no circumstances should the child fill out the questionnaire. For those questions for which "Don't know" is not a listed response, if that is the answer, mark "[No response]." (For more information about preparing for and administering the Child Interview, see pages 4 - 6 of this manual.)

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**Guide to Specific Questions**

**7** If the child has no friends or sees his friends only at school, then mark "Spends no time with friends outside of school (1)."

**9, 11** These questions concern the emotional support the child feels he/she receives from friends and mentors. If needed, explain the rating diagram at the end of the instrument to the child. You are not required to use this diagram, but some case managers find it to be useful, especially with younger children or those who are developmentally disabled.

**11** If there are several adult friends in the child's life, this question should be answered about the adult that the child feels he gets the most support from.

**12, 13** A "closed" facility is one in which the child has no access to the outside world. A group home that the child leaves every day to go to school would therefore NOT be a closed facility, but a training school, adult correctional facility or secure non-medical RTC would be. For purposes of answering these questions, mark "NOT APPLICABLE" if child's current residence on the front page of this instrument is marked 09, 10, 11, 12, 13 or 14.

**15 -- 19** These questions are important for understanding whether the treatment we are providing addresses needs as the child/adolescent perceives them. It is important to elicit the child's perspective. Do not lead him/her.

**20.01, 21.01** Each of these questions has two phrasings: (1) "Have you used alcohol /drugs in the last 3 months?" and (2) "Have you used alcohol/drugs in the 3 months you were last able to get some?" Use your best judgment as to which phrasing to use. The first should be used with children who live in a natural setting (residence code 01, 02, 03 or 04). The second was designed for children who are currently in a locked facility or highly supervised residence and therefore (theoretically, at least) do not currently have access to alcohol or drugs. However, the first question may be better if you have reason to suspect that the child may currently be using alcohol or drugs, even in a highly supervised setting.

**22 (Violence Scale)** Note that there are different questions, depending on whether this is the first evaluation or an update. For the first evaluation, the child should respond about whether he/she has ever done these things. For subsequent evaluations, the child should answer "YES" only if he/she has done them in the last year.
If you are unsure whether this is an Initial Completion or an Update, contact the State *Willie M.* Section, Program Evaluation Branch.
Circle the number in each appropriate box. There should be only one mark on each row. Be sure to ask and record an answer for every item on the list. Do not change the child's response based on your own knowledge.

**23** This question refers to the child's biological or adoptive parents, not foster parents or therapeutic parents. It does not matter whether they are legally his guardians, only that he considers them his parents. (For example, if a child is being raised by his grandparents because his parents are deceased, he should answer about his grandparents. On the other hand, if he lives with his grandparents because his mother is not usually around, but he identifies his biological mother as his mother, he should answer about his biological mother.)

**24** This question refers to whoever the child considers to be his family, whether or not they are related to him, whether or not he lives with them.

**25, 26** If the parent is dead or absent from the child's life, mark "NOT APPLICABLE." Absent from the child's life means that (s)he is not known to the child and has no contact with the child. Response (1), "(S)he's around, but we never meet" means that the child knows who the parent is or knows his/her whereabouts, and may even recognize the parent on the street, but has no contact with the parent.

**29 -- 35** Some of these questions may be difficult for certain children, but most children will be able to answer them without problems. Ask each question, and if there is no response, record as such.

**34 -- 35** If the child does not understand the phrase "forced sex on you," you can replace the phrase with "touched you in private places." First, read the question as written, and if the child does not understand, then reread it with the substituted phrase. This should only be used if it is clear the child does not understand the question as written, since this substitute phrase is not necessarily the same as having sex forced on the child. However, for young children or developmentally disabled children, this may be an appropriate substitute.

## Functional Domain Assessment

The Functional Domain Assessment (FDA) is designed to gain a view of the child's present status in a number of areas of psychosocial functioning. Many of the questions will have answers that are well known to the case manager and can therefore be quickly completed on initial scanning of the FDA. Other areas and questions will require direct communication with family caretakers, residential staff familiar with the child, or school personnel. These contacts can be in person or by phone, and can be expected to take 10-20 minutes each. It is suggested that the case manager review the FDA first, complete the questions which are already known or which do not require the direct input of others, and then contact other sources as needed.

**Structured Interviews**

The Family Interview and Educational Status sections of the FDA require direct questioning of the appropriate individuals in the structured interview format that is part of the instrument. The Family Interview portion of the FDA should always be face-to-face with the family member, but the school section can be conducted either in person or by phone**. Under no circumstances should the family member fill out the questionnaire.** Be certain to read the confidentiality statement at the bottom of page 11. (For more information about preparing for and administering the Family Interview, see pages 4-6 of this manual.)

**Natural Settings**

Some questions must be marked "NOT APPLICABLE" based on whether or not the child lives in a "natural" setting. A natural setting can be defined as a residence that is homelike, not institutional. For purposes of this instrument, a residence is classified as a natural setting if Question 1 is answered 01, 02, 03 or 04.

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**Guide to Specific Questions**

**1** No matter how long the child has been at this current residence, mark where (s)he lives now. If the child lives in two settings at the same time (for example, in a non-secure group RTC during the weekdays, and at home on the weekends), mark where the child spends most of his/her time (in this example, the non-secure group RTC).

**2** When listing the people the child lives with, state the relationship to the child (maternal grandmother, mother's sister, etc.), as well as the person's name. For siblings, make a note of the children's sex and ages (for example, John and Matt, brothers, ages 6 & 10; Mary, half-sister, age 12).
Foster and therapeutic parents should be listed under "Others -- non-relatives," not under "Parents."
Do not list residential care providers, such as group home staff. If the child does not live in a natural setting (that is, Question 1, response 01, 02, 03 or 04), mark "NOT APPLICABLE."

**3** Length of time in current residence refers to how long the child has lived in the residence since last moving there. For example, if he lived at home, then in a group home, and moved back home 2 months ago, you should mark response (2) "at least 2 weeks, but less than 3 months."
Do not include brief absences from the residence, such as crisis intervention or brief respite care episodes, when reporting length of time in the current residence.
If the child lives with his family, and the family has moved, record the length of time the child has lived with his family in all places.

**4** This refers to the number of moves, not the number of residences. For example, if the child moved from his mother's home to a training school, and then moved back to his mother's, the number of moves is 2.

**5** "Hospitalized for psychiatric reasons" refers to hospitalizations for mental, emotional or behavioral causes.

**8 -- 10** These questions are designed to gain information about children who do not live at home. If the child lives at home, mark "NOT APPLICABLE." If the child lives in a foster or therapeutic home, and the foster/therapeutic parent is being interviewed for the Family Interview, mark "NOT APPLICABLE," since similar questions are asked in the Family Interview. However, if the child lives in a foster or therapeutic home, and the biological parent is being interviewed for the Family Interview, these questions should be answered, since the questions in the Family Interview will be marked "NOT APPLICABLE."

**8** Established family routines are important protective factors for the healthy development of a child. Family routines include such things as daily meals, after-school routines and bedtime routines. Rituals include holidays, church-going, get-togethers and so forth.
This question should be marked "NOT APPLICABLE" if the child lives at home, or if he lives in an adult correctional facility; however, if he lives in a juvenile correctional facility, it should be answered.

**11** To answer this question, circle the number that best describes the amount of support the child receives from each group. Each row should have only one response marked.
"Emotional support" can be characterized as trust, getting along, talking about problems and taking advice.
"Family" refers to those that the child identifies as his family. In general, this is the biological family. However, certain circumstances may cause another family to be recognized as the family. For example, if the child was abandoned early in life and has lived with extended family members or a foster family for a long time, he may consider this second family his "family."
"Friends/peers" refers to children (not adults) with whom the child spends the most time. This does not include family members.
"Natural mentor" refers to an adult friend, such as a coach, a community volunteer, a "Big Brother," a neighbor or other unpaid adult. It may also include a paid adult, such as a teacher, if that person spends extra time with the child, beyond the normal expected within the paid relationship. If the child has a relationship with more than one mentor, rate the relationship that is most favorable.
"Agency/hired adult" refers to an adult who works over time with the child on a one-to-one basis, in a paid job, such as someone from mental health, the school system, the court system or other agencies. If the child has a relationship with more than one such adult, rate the relationship that is most favorable.

**12** The health problems referred to in responses 1 - 4 may be long-term or short-term, but this question concerns medical problems, not mental/emotional problems.

**15, 16** If the response is "YES" to the first part of the question, go on to the two questions shaded in gray. (From 15, go to 15.01 and 15.02; from 16, go to 16.01 and 16.02.) If the response is "NO," skip to the next question. (From 15, skip to 16; from 16, skip to 17.)

**15.01, 16.01** List only one condition. If the child has more than one, list the most serious condition, or the one that (s)he has not received adequate treatment for in the last 3 months.

**15.02, 16.02** Use your judgment when responding to whether the child has received adequate treatment for the condition. Has the child seen a physician for the condition? Has the child received advice or treatment? Has the child followed the advice or treatment regime?

**17 - 20** Note that question 17 refers to the last year, but the other three questions refer to the last 3 months.

**20** This question should be answered only if the child has been adjudicated, convicted, or incarcerated in the last 3 months. Otherwise, mark "NOT APPLICABLE" (rather than "NO" for all the charges). Remember that the adjudication, conviction, or incarceration must have been in the last 3 months, but the charge(s) associated with this event may have occurred considerably before the
3-month period.
"Assault" is the threat or attempt to do bodily injury to another.
"Robbery" is the taking of another's property by violence or intimidation.
"Burglary" is the entering of a building or other place with the intent to steal. Unlike robbery, it does not include accosting another person.
"Larceny" is the taking of another's property; theft.

**23 - 32** These questions should be directed to the child's teacher, either in person or by phone. Be sure to fill out the interview information at the top of page 8.
If the child has dropped out, is not receiving educational services, or has completed high school, please make an attempt to interview his or her last teacher. Of particular importance in this circumstance is the teacher's perspective on the child's enduring qualities, such as IQ, ability to get along with others, and his or her empathy and sense of humor. Under no circumstances should Questions 23, 24 or 26 be unanswered.

**23** If the child has changed settings within the last 3 months, mark where the child is now. If school is not in session, and the child changed settings during the last 3 months of the previous school year, mark where the child was at the end of the school year.
If the child is not in any school, mark "NOT APPLICABLE." If school is not in session, and the child was not in any school at the end of the school year, mark "NOT APPLICABLE."

**24** This question focuses on the child's educational progress, specifically how often the child is in his/her usual educational setting and whether his/her behaviors permit educational progress. Reasons for a child's absence from the classroom may be because he has been removed (suspensions, expulsions, etc.) or because of his own or his parents' actions (skipping school, not getting a younger child up early enough to catch the bus, etc.). A few possible explanations for each response are given below.

| RESPONSE | POSSIBLE EXPLANATIONS |
|---|---|
| Child has dropped out<br>OR has not been receiving educational services (1) | dropped out, long-term suspension, expulsion |
| Child's educational progress is frequently disrupted by his not being in the classroom (2) | short-term removal from classroom participation (e.g., frequent time-outs, trips to principal's office, brief suspensions, etc.)<br>OR child skips school or guardian does not act responsibly regarding child's attendance |
| Child is maintained in classroom but behavior and circumstances interfere significantly with his/her educational progress (3) | frequently off-task, oppositional, disruptive |
| Child is making progress towards educational goals with only occasional setbacks (4) | |

| | |
|---|---|
| Child is on course with educational goals OR has completed high school or equivalency (5) | |

**26** If the child's IQ has not been tested, do not estimate. Mark "Don't know."

**34 - 51** These questions (Sections VI and VII) comprise the Family Interview. Every effort should be made to interview the child's biological family. Only if this is impossible should you interview a caretaker or extended family member with knowledge of the child's family history and the child's daily life. In order of preference, you should first attempt to interview the child's biological parents, and then other (extended) family members. Only if both of these are impossible (not simply difficult to contact) should you interview others familiar with the child, first foster or therapeutic parents, then in rare cases, others such as residential caretakers or DSS workers.

Be sure to fill out the interview information at the top of page 11. It is important to list the relationship to the child of family members interviewed. You may also include names of the family members for your (or your successor's) information, but what is required for purposes of data collection are relationships to the child.

Be sure to read the confidentiality statement at the bottom of page 11 to the family member. Under no circumstances should the family member be allowed to fill out the questionnaire himself. You should conduct the interview in person, and fill out the answers yourself.

**44 - 51** These questions are about the family's view of the child's treatment and their satisfaction with treatment. Do not lead the family member to respond in a way that you may think is appropriate.

**52 (Violence Scale)** These items should be discussed with the family, and other sources, such as teachers, residential caretakers, juvenile court representatives, and clinicians. However, if there are conflicting accounts, you should record the most accurate information of which you are aware. For example, if you know that the child has done something, but the parent is unaware of it or doesn't believe that he did it, record the best information you have. The Violence Scale is not part of the Family Interview.

Be sure to note whether this is the Initial Completion of the Violence Scale in the FDA, or whether it is an Update. Note that there are different questions, depending on whether this is the first evaluation or an update. For the first evaluation, answer the questions for whether the child has ever done these things. For subsequent evaluations, answer "YES" only if the child has done them in the last year. If you are unsure whether this is an Initial Completion or an Update, call the State *Willie M.* Office, Program Evaluation Branch.

Circle the number in each appropriate box. There should be only one mark on each row. Be sure to record an answer for every item on the list.

**53 - 59** These questions concern the child's present behaviors. Therefore, it is important to talk with all members of the treatment team, including the family, to get a clear picture of the child in all settings.

**58 - 59** A "closed" facility is one in which the child has no access to the outside world. A group home that the child leaves every day to go to school would therefore NOT be a closed facility, but a training school, adult correctional facility or secure non-medical RTC would be.

For purposes of answering these questions, mark "NOT APPLICABLE" if Question 1 on this instrument is marked 09, 10, 11, 12, 13 or 14.

## AOI Resource Staff

| | | |
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